

## OPEN RECORDS REQUEST (To Be Completed by Requester)

Name: Street Address: City, State ZIP	
COPIES SOUGHT: Please provide as specific a description as possibl (inspect) (copy). Include record titles and dates,	le of the record(s) you desire to
Record Title/Date	No. of Copies Desired
1.	
2.	
3.	
CHARGES: A charge for providing copies of public records is authorized City governing body. These charges are set at a level to compensate the City request. The fee schedule established by the City is posted in this office.	
ACKNOWLEDGMENT I hereby acknowledge that I am aware that Section 11 of the Kansa: "Except to the extent otherwise authorized by law, no person shall purpose of selling or offering for sale any property or service to per addressed contained in and derived from public records." I also acknowledge that a violation of this section is a Class C misdemeanor.	s Open Records Act provides: knowingly sell, give or receive, for the sons listed therein, any list of names and
SIGNATURE:	DATE:
Your copy of this form is your receipt.	
To be completed by Record Custodian  Time of Request:  Date:  Time:  Time:  The charge to you for copy(s) of the record(s) you request is: \$  Paid:  Billed:  Prepaid:  based upon the posted formula  Based upon non-office reproduction costs	
Record Custodian	